U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	
Orway Say	
1. File Number U- 32.0	2. Fiscal Year Covered From:
	[] / [] / O4 Through: [2 / 3] / O4
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Clarence Wall	Name New York Metro Ana Postal Union
	Labor Organization File Number 506-753
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 350 W 315 St. 3 MF1.	Street 350W 31st ST. 5nd FL.
City New YorlC	city New York
State N V ZIP Code + 4 [000]	State
5. Position in labor organization.	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned by the signatory and is, to the best of the undersigned by the signatory and is, to the best of the vertical by the signatory and is, to the best of the section on penalties in the instructions.)	
Signed Calonia and Colo	on 912/05 212 563 7553
	Date Telephone Number

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name New York Metro federal Credit Vision Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 350 W 3157 St. P.F. City New York State New York State ZIP Code + 4 LOOO!	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name New York Metroficial Credit Union Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 350 W 3 ST St. OFFI. City New York State New York ZIP Code + 4 [000]	11.a. Nature of such dealing. Member Of FUN Rd. / Dir. FCU Buys Lunch for the Board at monthly rd. meetings. Quilitage Cost of \$15.80 mbr. per mating II Board meetings were held on 2004 Which total to \$173.80 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	
13.0. Is the dusiness an employer of Consultant ?		